



State of Illinois
Illinois Department of Public Health

Illinois Disability and Health Data Report

Demographic and Health Profile
of Illinoisans with Disabilities
2011

June 2013



UIC Department of Disability
UNIVERSITY OF ILLINOIS and Human Development
AT CHICAGO COLLEGE OF APPLIED HEALTH SCIENCES



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Thank you

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Learn More

To learn more about the Illinois Disability and Health Program, or to receive the report in accessible formats, contact the Illinois Department of Public Health, Disability and Health Program, at 217-782-3300, TTY 800-547-0466.

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About This Report

Purpose of the Report

The *Illinois Disability and Health Data Report* provides empirical data on demography, health and health service access of people with disabilities in Illinois. The report is intended to facilitate dialogue among key stakeholders in the state who are interested in promoting the health and wellness of citizens with disabilities. Understanding of the demography, the current health status, and health service utilization of people with disabilities is a critical initial step toward planning effective and targeted health promotion and chronic disease prevention.

Contents of the Report

Following the previous year's data report, this year's report continues to provide demographic profiles of Illinoisans with disability broken down by age, sex, race and ethnic origin, and geography. Prevalence data of selected chronic diseases and their risk factors are included in the second and the third sections of the report. The fourth and the fifth sections of the report show data pertaining to health-related quality of life and access to health care for those with disability. New to the report this year is a section about children with special health care needs (CSHCN), who have or are at a risk for a chronic physical, developmental, behavioral, or emotional condition and require more health and related services than other children in general.

Data Source

The data used for this report were extracted from the 2011 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS). The ILBRFSS, conducted annually by the Illinois Department of Public Health, is a random telephone survey of community households in the state designed to monitor health-related behaviors associated with chronic diseases and mortality among Illinois adults. Data were collected through telephone interviews from randomly selected adults, ages 18 years and older, at each sampled household. The data for children with special health care needs (CSHCN) were extracted from the 2011-2012 National Survey of Children's Health (NSCH). The NSCH utilizes a randomized, household telephone survey to examine the physical and emotional health of children ages 0 to 17 years old.

About This Report

Screening of Target Populations

This 2011 data report addresses health status of adults with disability and children with special health care needs. Like previous reports, data for adults with disability were extracted from the ILBRFSS. The ILBRFSS questionnaire includes a pair of disability screening questions. One question inquired whether a respondent had an activity limitation due to physical, mental and/or emotional problems. Another asked if he or she used a mobility-device (e.g., cane, wheelchair) and/or other assistive devices (e.g., special bed or telephone). Survey participants who responded positively to either or both questions were labeled as “adults with disability.” The respondents who responded negatively to both questions were tallied as “adults without a disability” and served as representatives of the adult population without a disability. Data for children with special health care needs were extracted from the NSCH. Regardless of medical diagnosis, any children, who have or are at risk of chronic physical, developmental, behavioral and emotional conditions and use medication or health services more than children in general, are labeled as children with special health care needs. In the survey, these children are screened using their use of prescription medication and health and related services, and the presence of functional limitation.

Data Analysis

Data analyses were conducted using a statistical weight to produce state-level estimates. The statistical weight was primarily based on the probability of each respondent being selected in the survey on the basis of sex, age, race and ethnic origin. The 95 percent confidence intervals (CI) were used to test statistical difference between the weighted estimates. In this report, expressions of “higher” and “lower” indicate a statistically significant difference between groups. Expressions such as “similar” or “no difference” indicate the group difference was not statistically significant.

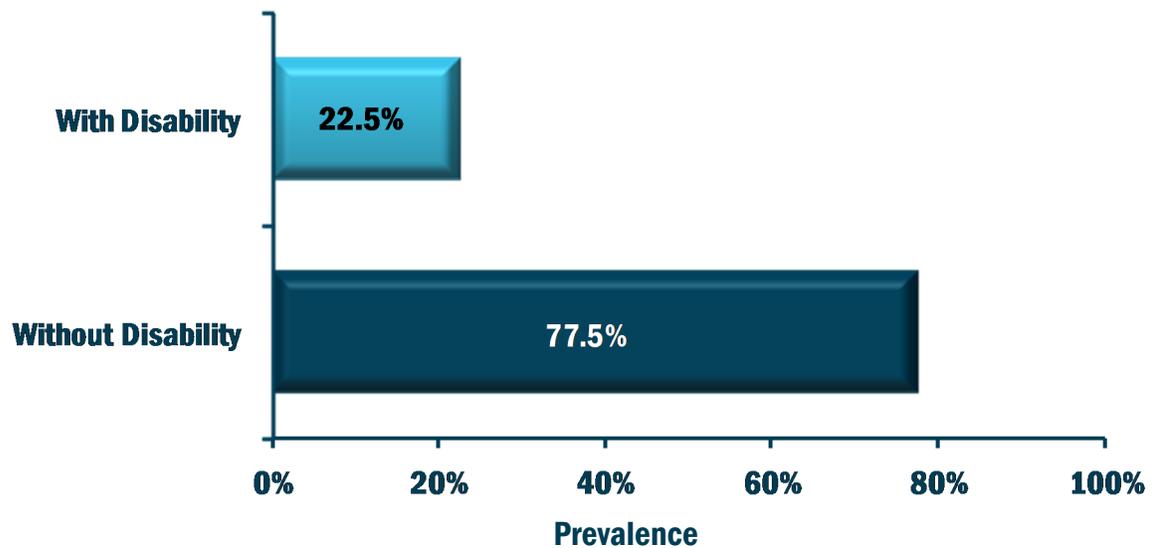
Section I: Prevalence of Disability



Disability Among Illinois Adults

More than one in every five adults in Illinois has a disability. Figure 1 below graphically shows the proportion of adults who have disability. According to the 2011 ILBRFSS data, 22.5 percent of adults were estimated to have a disability (95 percent CI: 21.0 percent – 24.1 percent).

Figure 1. Disability Prevalence Among Illinois Adults

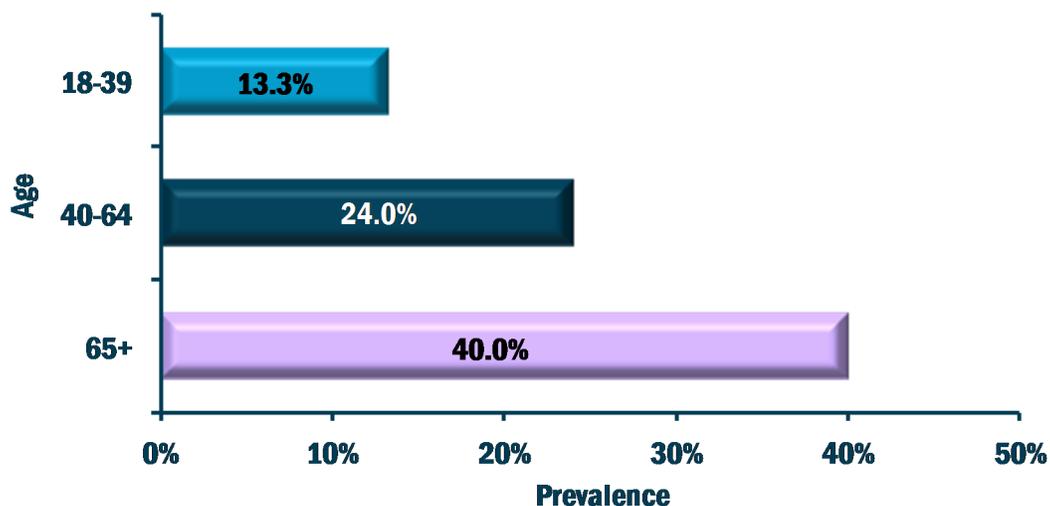


Source: 2011 ILBRFSS

Disability By Age

Older Illinoisans are more likely to have disability than their younger counterparts. Figure 2 below visually demonstrates how the prevalence of disability varies across three age groups. Each of the three bars in the figure represents adults in three different age groups: from the top, ages 18 to 39, 40 to 64 and 65 or older. The prevalence of disability increases across the age groups from 13.3 percent (95 percent CI: 10.9 percent – 16.1 percent) among young adults ages 18 to 39, to 24.0 percent (95 percent CI: 21.8 percent – 26.4 percent) among middle age adults ages 40 to 64, and to 40.0 percent (95 percent CI: 37.0 percent – 43.1 percent) among those ages 65 and older.

Figure 2. Disability Prevalence Among Illinois Adults by Age

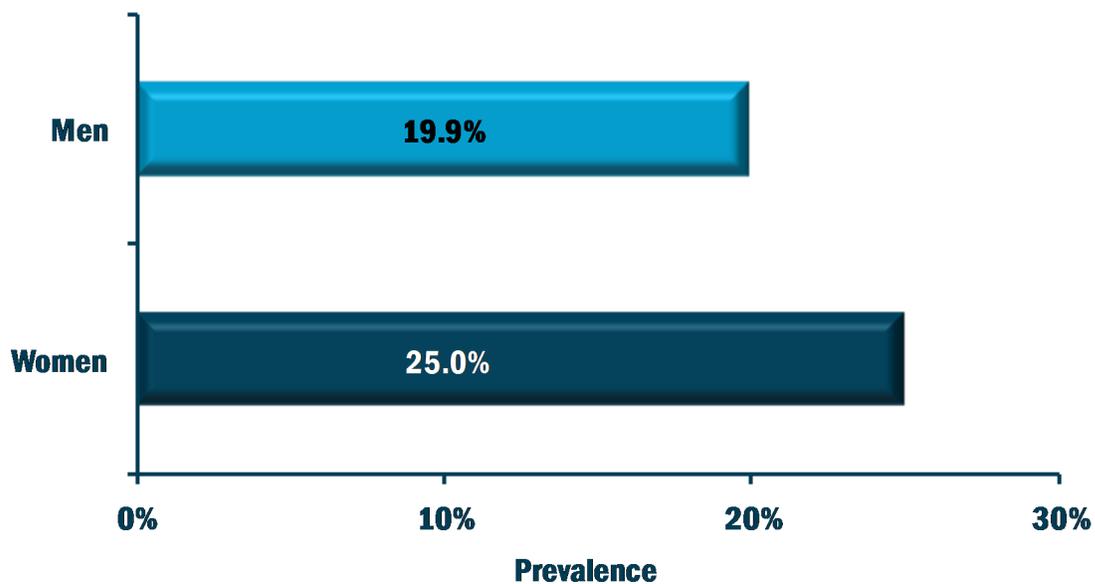


Source: 2011 ILBRFSS

Disability By Gender

Women are more likely to have disability than their male counterparts. Figure 3 below depicts the prevalence of disability among adults by gender. The two horizontal bars represent men and women, respectively. The prevalence of disability for women was 25.0 percent (95 percent CI: 23.0 percent – 27.0 percent) compared to 19.9 percent (95 percent CI: 17.7 percent – 22.3 percent) among men.

Figure 3. Disability Prevalence Among Illinois Adults by Gender

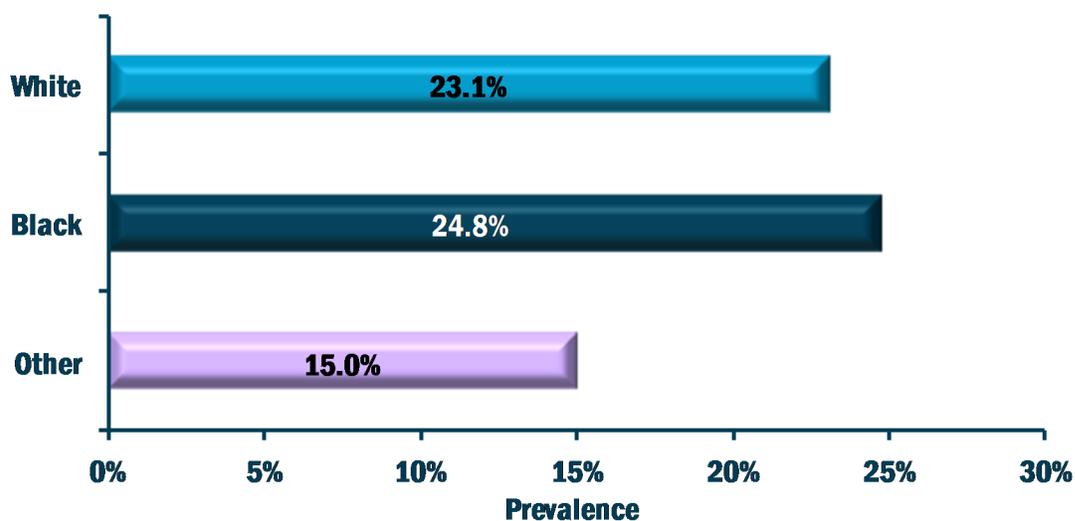


Source: 2011 ILBRFSS

Disability By Race

Figure 4 graphically shows disability prevalence by race. From the top, each of the three bars in the figure represents white Americans, black or African Americans, and other racial groups, which include American Indians, Alaska Natives, Native Hawaiians, other Pacific Islanders and others. The prevalence of disability for each racial group was 23.1 percent (95 percent CI: 21.5 percent – 24.8 percent), 24.8 percent (95 percent CI: 19.9 percent – 30.4 percent), and 15.0 percent (95 percent CI: 10.7 percent – 20.6 percent), respectively. The prevalence reported by other racial groups was significantly lower than that for white and black groups. The prevalence discrepancies between white and black racial groups does not reach statistical significance.

Figure 4. Disability Prevalence Among Illinois Adults by Race

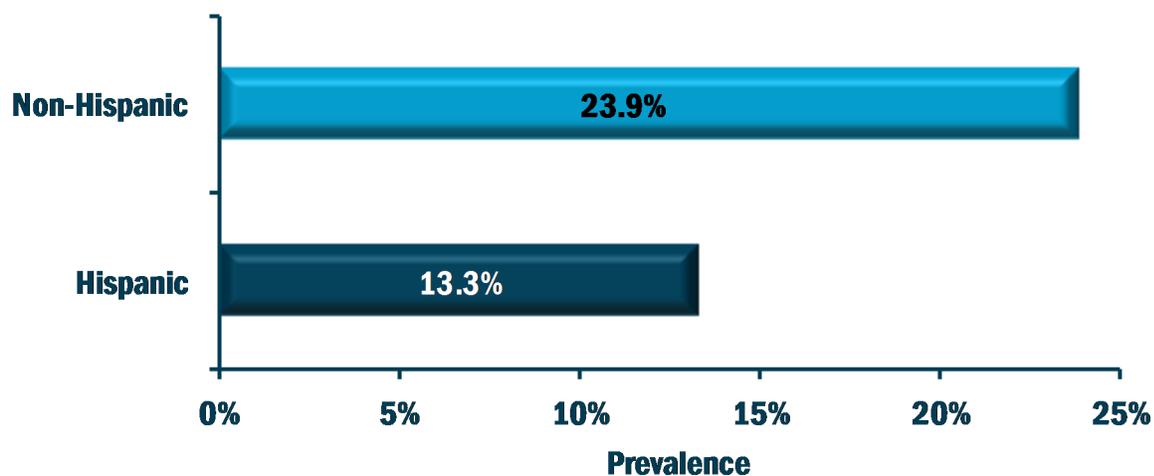


Source: 2011 ILBRFSS

Disability By Hispanic Origin

Adults of Hispanic origin are less likely to have disability than those of non-Hispanic origin. Figure 5 contrasts disability prevalence by Hispanic origin. The two bars in the figure represent adults who are of non-Hispanic origin (top bar) and Hispanic origin (bottom bar). Adults who are of Hispanic origin reported a substantially lower prevalence when compared to their non-Hispanic counterparts: 13.3 percent (95 percent CI: 9.2 percent – 18.8 percent) vs. 23.9 percent (95 percent CI: 22.3 percent – 25.5 percent), respectively.

Figure 5. Disability Prevalence Among Illinois Adults by Hispanic Origin

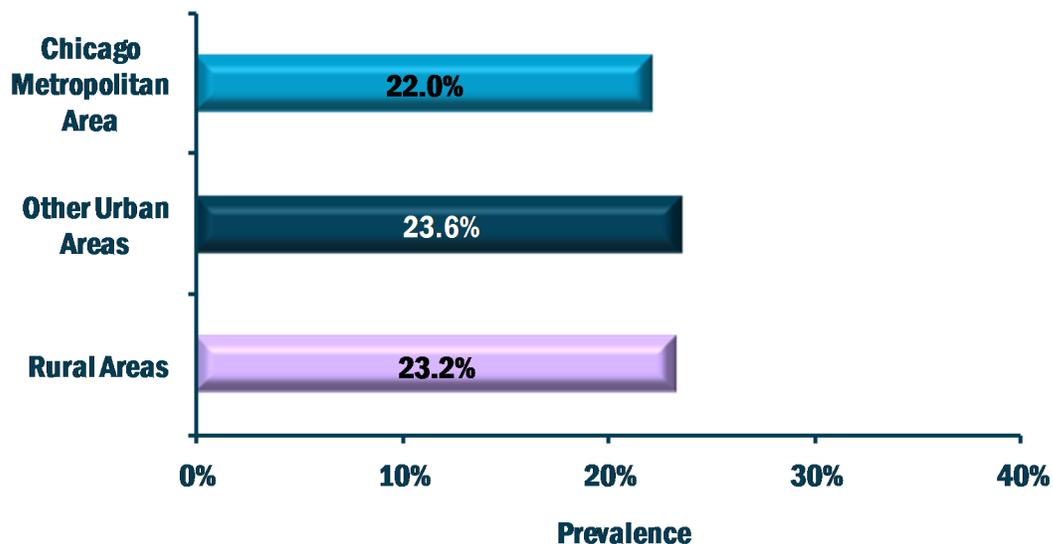


Source: 2011 ILBRFSS

Disability By Geographic Area

Figure 6 summarizes the prevalence of disability across the three areas of the state: Chicago metropolitan area (i.e., city of Chicago, Cook, Lake, McHenry, Kane, DuPage and Will counties), other urban areas (i.e., Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, McLean and Winnebago counties), and the rural areas (i.e., remaining 83 rural counties). The prevalence rates of disability are similar for Chicago metropolitan area, 22.0 percent (95 percent CI: 20.0 percent – 24.2 percent), other urban areas, 23.6 percent (95 percent CI: 20.5 percent – 26.9 percent), and rural areas, 23.2 percent (95 percent CI: 20.4 percent – 26.2 percent).

Figure 6. Disability Prevalence Among Illinois Adults by Geographic Area



Source: 2011 ILBRFSS

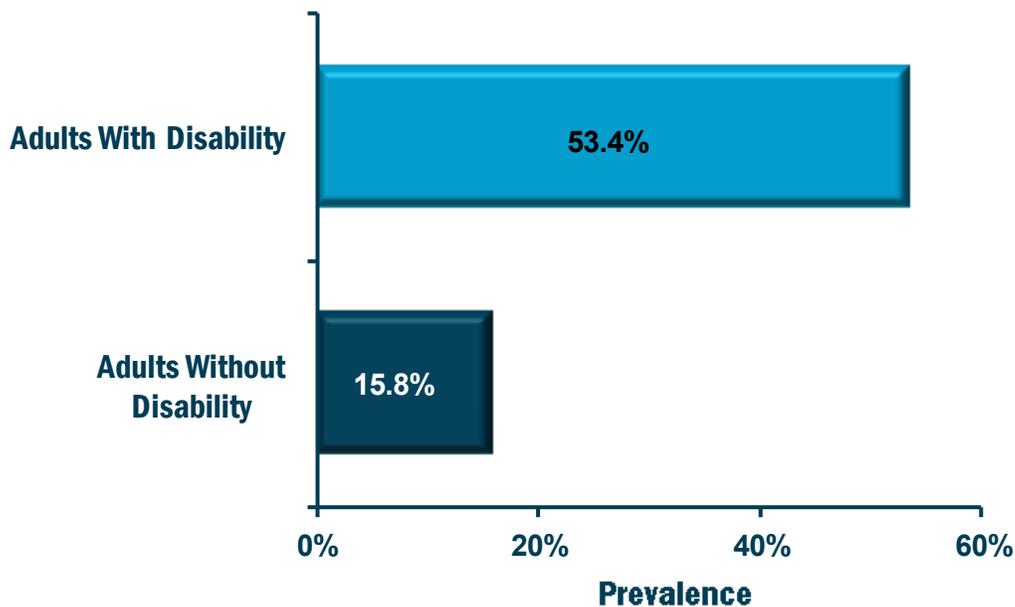
Section II: Chronic Disease Prevalence Among Persons With Disability



Arthritis

Arthritis prevalence is significantly higher among those with disability than those without disability. Figure 7 below shows the prevalence of arthritis across the two groups with and without disability. In Figure 7, the bar on the top shows that 53.4 percent (95 percent CI: 49.6 percent – 57.3 percent) of adults with disability have ever been told by a doctor or other health professional they have arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. The rate for adults without disability, represented in the bottom bar, is 15.8 percent (95 percent CI: 14.3 percent – 17.4 percent).

Figure 7. Prevalence of Arthritis by Disability Status



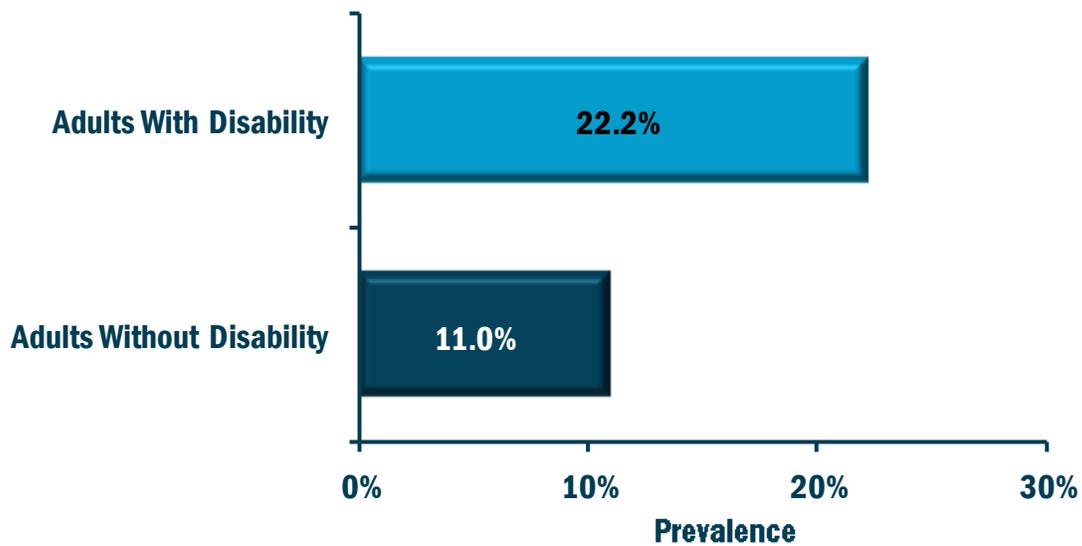
Source: 2011 ILBRFSS

Asthma

Those with disability are more likely to have asthma than their counterparts without disability.

Shown in Figure 8 is the prevalence of doctor-diagnosed asthma between adults with and without disability. The prevalence of asthma among adults with disability, represented in the top bar of the figure, is higher at 22.2 percent (95 percent CI: 19.2 percent – 25.6 percent) compared to adults without disability, which is 11.0 percent (95 percent CI: 9.5 percent – 12.6 percent).

Figure 8. Prevalence of Asthma by Disability Status



Source: 2011 ILBRFSS

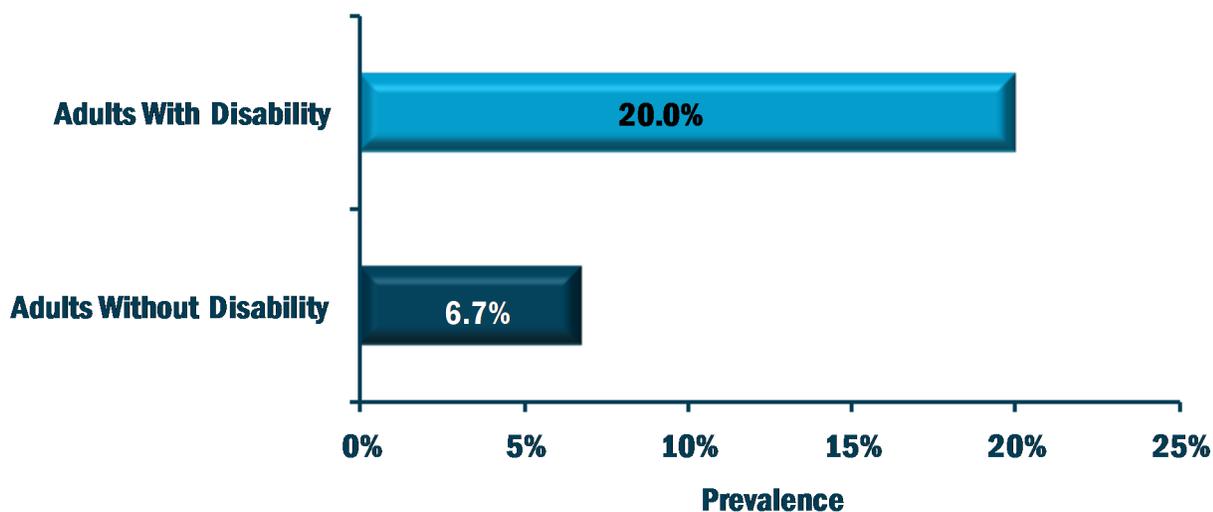
Diabetes

The prevalence of diabetes is higher among those with disability than those without disability.

Figure 9 summarizes the prevalence of diabetes between adults with disability, represented in the top bar of the figure, and adults without disability, represented in the bottom bar. The top bar shows 20.0 percent (95 percent CI: 17.1 percent – 23.3 percent) of adults with disability have ever been told by a doctor they have diabetes. The bottom bar shows 6.7 percent (95 percent CI: 5.7 percent – 7.8 percent) of adults without disability have ever been told they have diabetes.

While not shown in Figure 9, prevalence of pre-diabetes, which is a risk factor for diabetes, heart disease, and stroke is also higher among Illinoisans with disability than those without disability: 1.8 percent (95 percent CI: 1.2 percent – 2.9 percent) vs. 0.8 percent (95 percent CI: 0.2 percent – 0.5 percent), respectively.

Figure 9. Prevalence of Diabetes by Disability Status

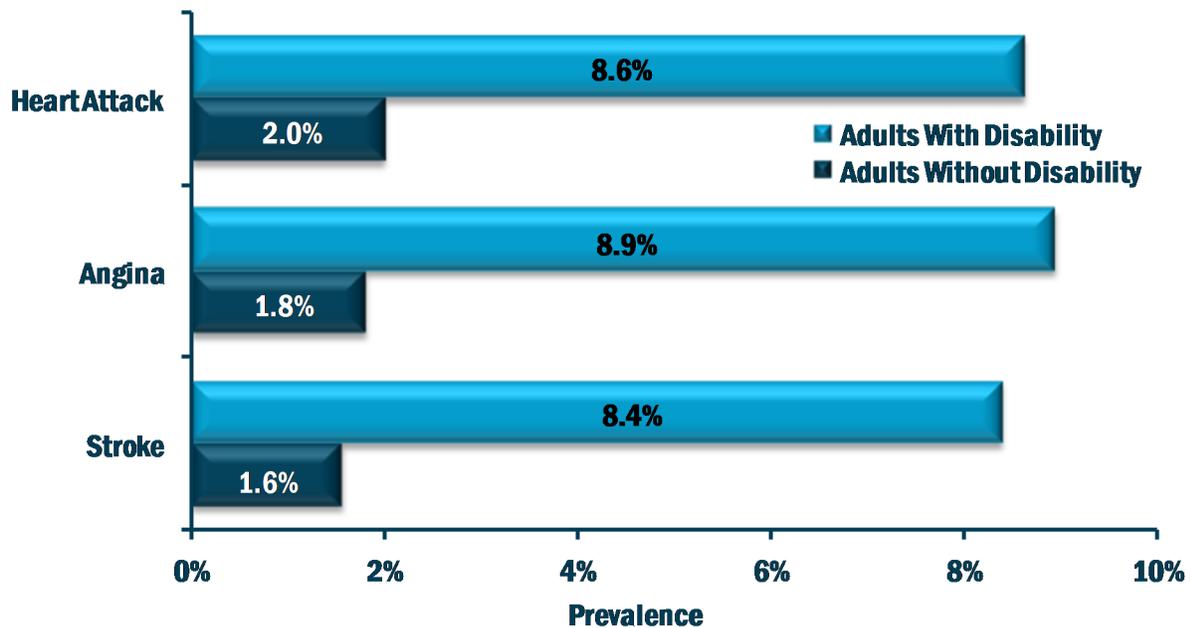


Source: 2011 IBRFSS

Cardiovascular Disease

Cardiovascular disease, which includes a wide variety of heart and blood vessel diseases, is much more prevalent among those with disability than it is among those without disability. Figure 10 summarizes the prevalence of the three cardiovascular diseases by disability status. Shown in the first pair of bars in the figure is the prevalence of heart attack for adults with disability, 8.6 percent (95 percent CI: 6.9 percent – 10.7 percent), and for adults without disability, 2.0 percent (95 percent CI: 1.5 percent – 2.6 percent). The prevalence of angina, represented in the two middle bars, is 8.9 percent (95 percent CI: 7.4 percent – 10.8 percent) for adults with disability and 1.8 percent (95 percent CI: 1.4 percent – 2.3 percent) for adults without disability. The two bars at the bottom of the figure show 8.4 percent (95 percent CI: 6.5 percent – 10.8 percent) of adults with disability and 1.6 percent (95 percent CI: 1.1 percent – 2.3 percent) of adults without disability ever had a stroke.

Figure 10. Prevalence of Cardiovascular Disease by Disability Status

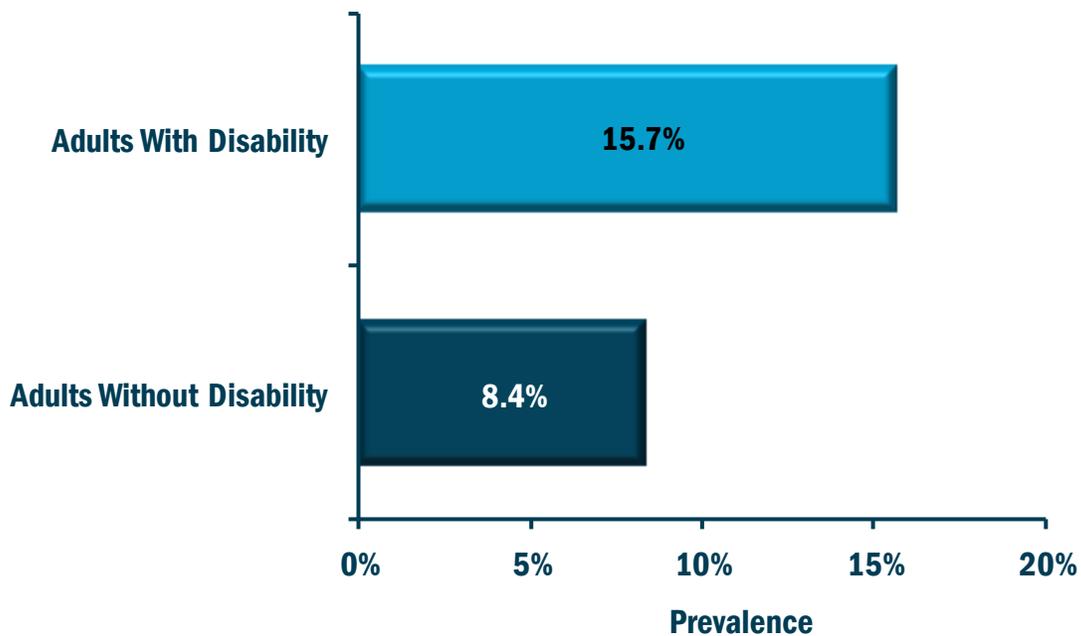


Source: 2011 ILBRFSS

Cancer

Those with disability are more likely to have cancer than their counterparts without disability. Shown in Figure 11 is the prevalence of adults who have doctor-diagnosed cancer by their disability status. The prevalence of cancer among adults with disability, represented in the top bar of the figure, is 15.7 percent (95 percent CI: 13.6 percent – 18.0 percent). The prevalence rate for adults with disability is higher than that of adults without disability, which is 8.4 percent (95 percent CI: 7.3 percent – 9.6 percent).

Figure 11. Prevalence of Doctor-diagnosed Cancer by Disability Status

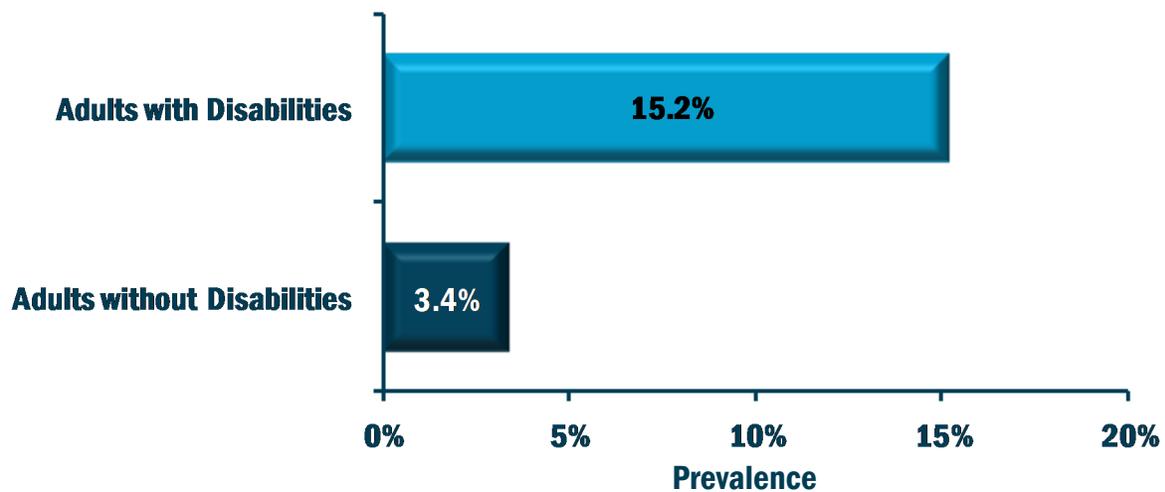


Source: 2011 ILBRFSS

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema and chronic bronchitis, is more prevalent among those with disability than those without disability. Figure 12 below shows the prevalence of COPD between adults with and without disability. The prevalence of COPD among adults with disability, represented in the top bar of the figure, is 15.2 percent (95 percent CI: 12.8 percent – 18.0 percent). The prevalence rate for adults without disability, represented in the bottom bar, is 3.4 percent (95 percent CI: 2.6 percent – 4.3 percent).

Figure 12. Prevalence of Chronic Obstructive Pulmonary Disease by Disability Status



Source: 2011 ILBRFSS

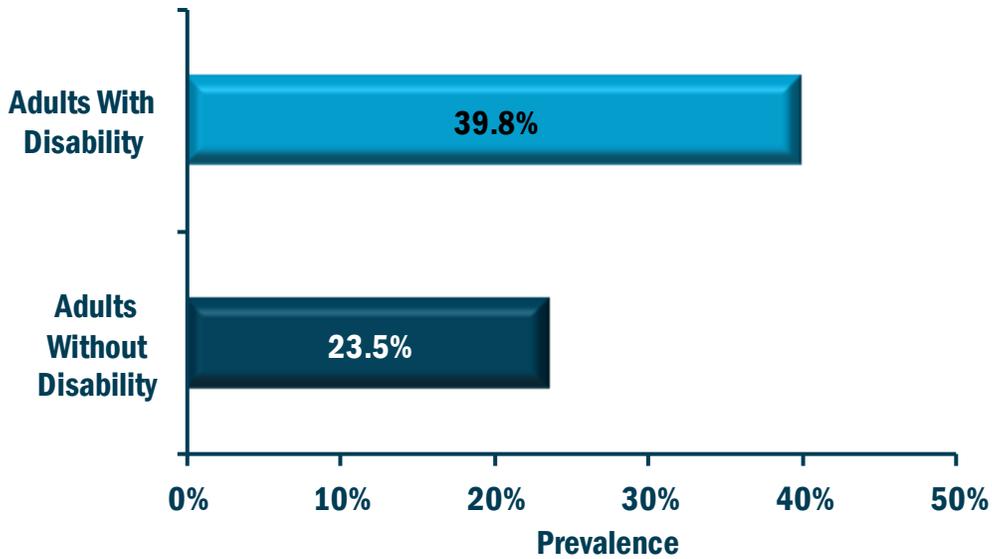
Section III: Risk Factors for Chronic Disease



Obesity

Adults with disability are more likely to be obese (i.e., Body Mass Index equal to or greater than 30.0) than their counterparts without disability. Figure 13 summarizes the prevalence of obesity among adults by disability status. The top bar shows 39.8 percent (95 percent CI: 36.2 percent – 43.6 percent) of adults with disability reported being obese compared to 23.5 percent (95 percent CI: 21.6 percent – 25.5 percent) of adults without disability, represented in the bottom bar.

Figure 13. Obesity Prevalence Among Illinois Adults by Disability Status

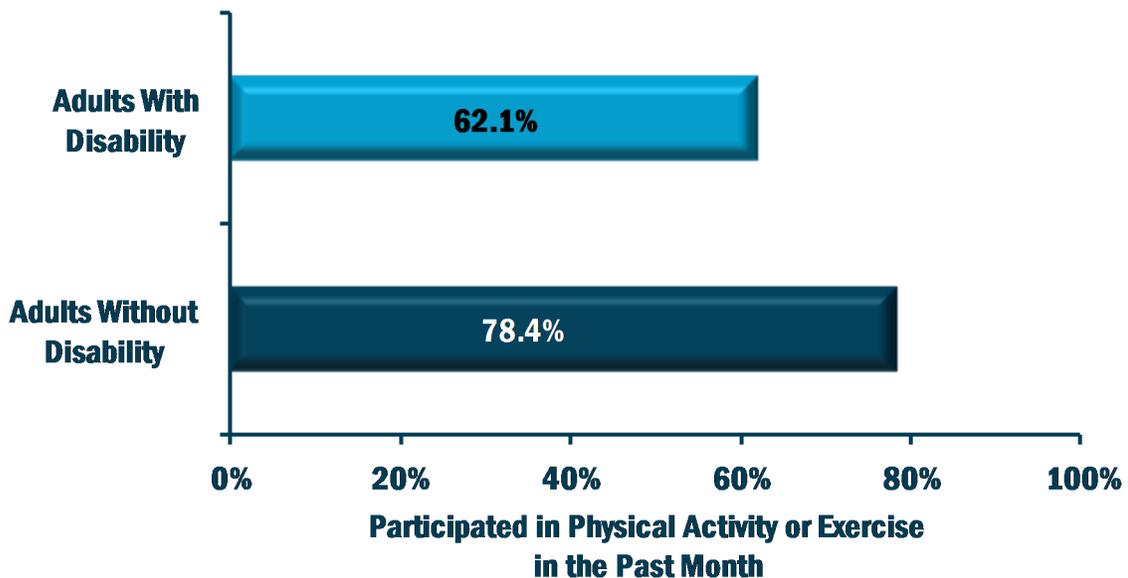


Source: 2011 ILBRFSS

Exercise

Those with disability engage in exercise less frequently than those without disability. Figure 14 compares the proportion of adults who engage in any physical activity or exercise, such as running, calisthenics, golf, gardening or walking, other than their regular job, in the past month by disability status. The top bar indicates 62.1 percent (95 percent CI: 58.5 percent – 65.5 percent) of adults with disability participated in any physical activity or exercise in the past month. The rate is lower than the rate reported by adults without disability, 78.4 percent (95 percent CI: 76.4 percent – 80.3 percent), shown in the bottom bar.

Figure 14. Percent of Illinois Adults Who Participated in Any Physical Activity or Exercise in the Past Month by Disability Status

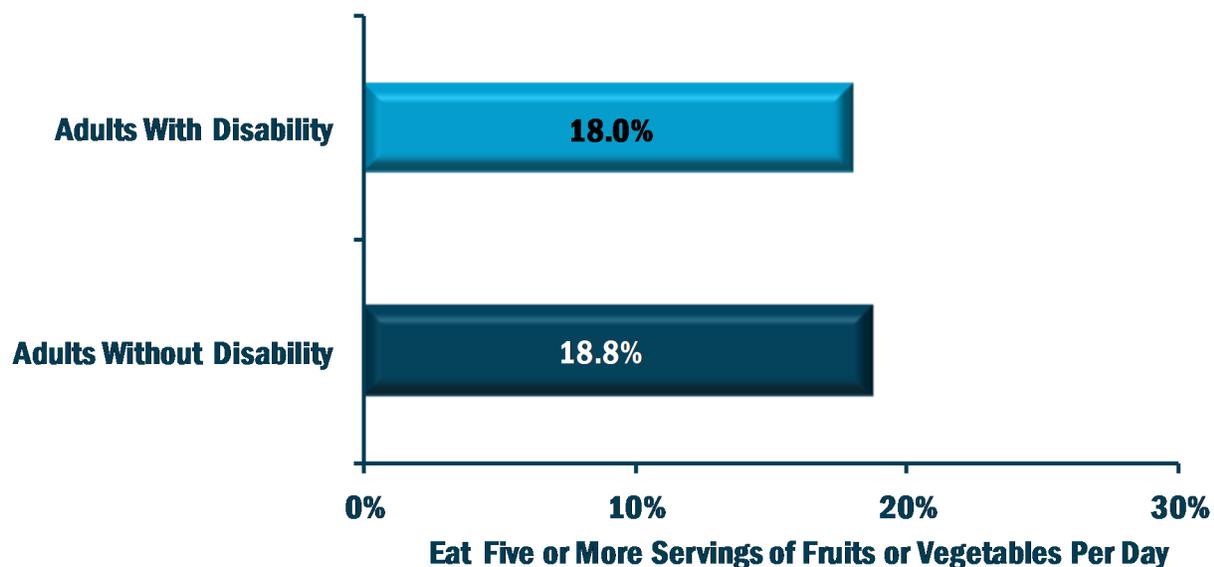


Source: 2011 ILBRFSS

Fruits and Vegetables

Less than one in every five adults with disability eats five or more servings of fruits and vegetables each day. Figure 15 shows the rate of those who eat five or more servings of fruits and/or vegetables per day. The top bar shows 18.0 percent (95 percent CI: 15.2 percent – 21.2 percent) of adults with disability eat five or more servings of fruits and vegetables per day. The rate for adults without disability, 18.8 percent (95 percent CI: 17.0 percent – 20.6 percent), shown in the bottom bar, is similar to that for adults with disability. For adults, eating two cups of fruit and two and a half cups of vegetables per day is typically recommended, while the recommended intake for each individual may vary largely depending on his/her activity levels.

Figure 15. Percent of Illinois Adults Who Eat Five or More Fruits or Vegetables Per Day by Disability Status

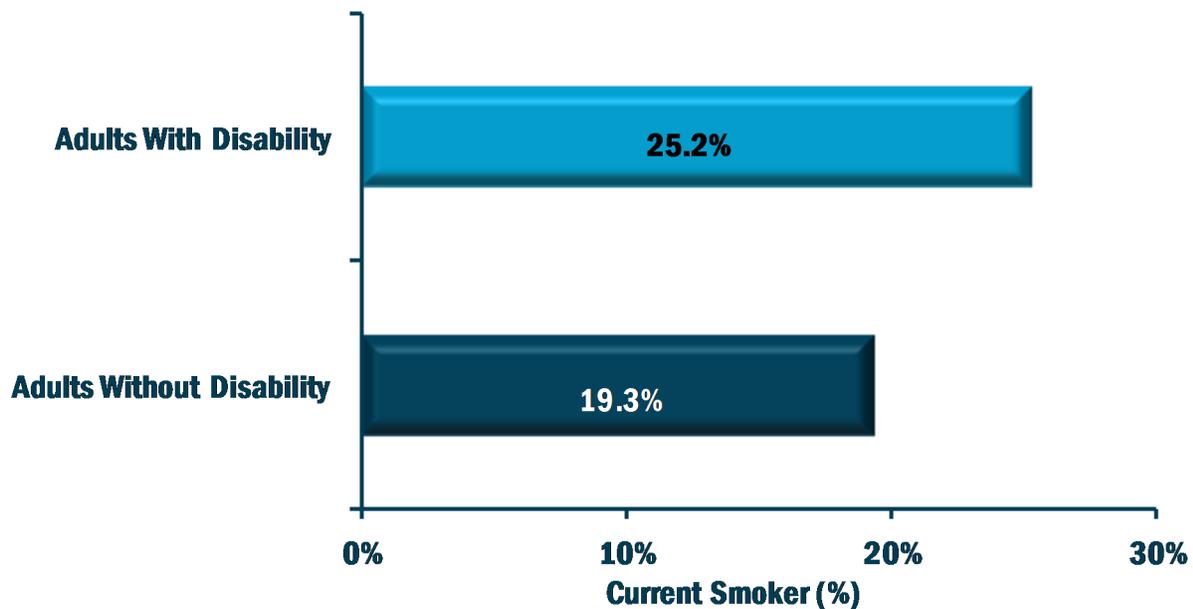


Source: 2011 ILBRFSS

Cigarette Smoking

Smoking prevalence in those with disability is higher than for those without disability. Figure 16 shows the proportion of adults who reported smoking cigarettes currently by disability status. The top bar shows 25.2 percent (95 percent CI: 21.8 percent – 29.0 percent) of adults with disability are currently smoking cigarettes compared to 19.3 percent (95 percent CI: 17.4 percent – 21.5 percent) of those without disability, shown in the bottom bar.

Figure 16. Percentage of Illinois Adult Cigarette Smokers by Disability Status

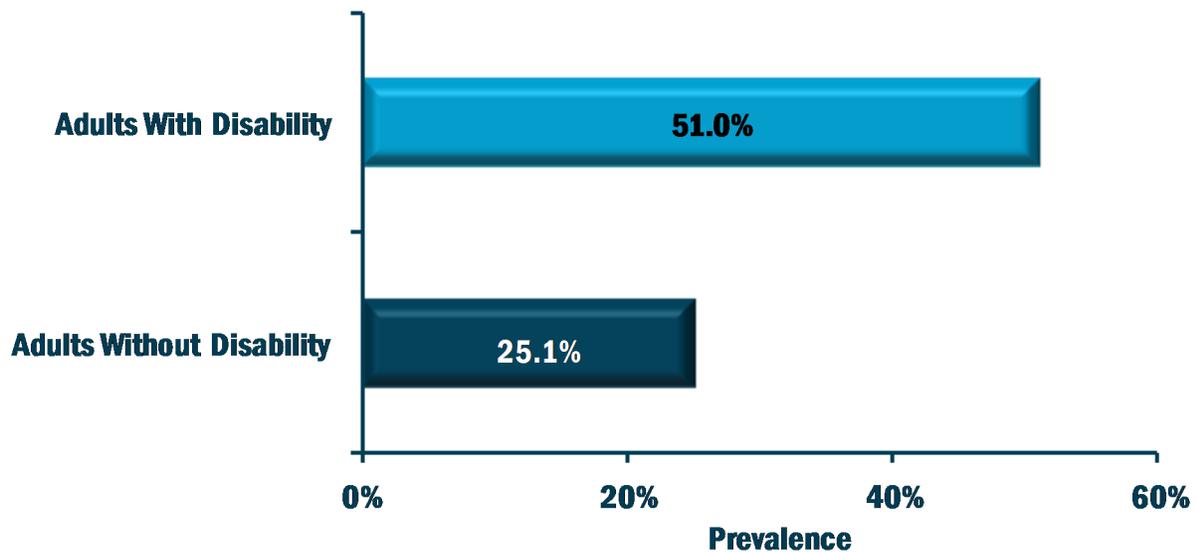


Source: 2011 ILBRFSS

High Blood Pressure

A higher rate of those with disability reported having high blood pressure than their counterparts without disability. Figure 17 compares the rate of adults who were ever told by a doctor or other health professional they have high blood pressure by disability status. The top bar shows the rate is 51.0 percent (95 percent CI: 47.3 percent – 54.8 percent) for adults with disability. The rate for adults without disability, 25.1 percent (95 percent CI: 23.3 percent – 27.1 percent) shown in the bottom bar, is much lower.

Figure 17. Percent of Illinois Adults Who Have Been Told They Have High Blood Pressure by Disability Status

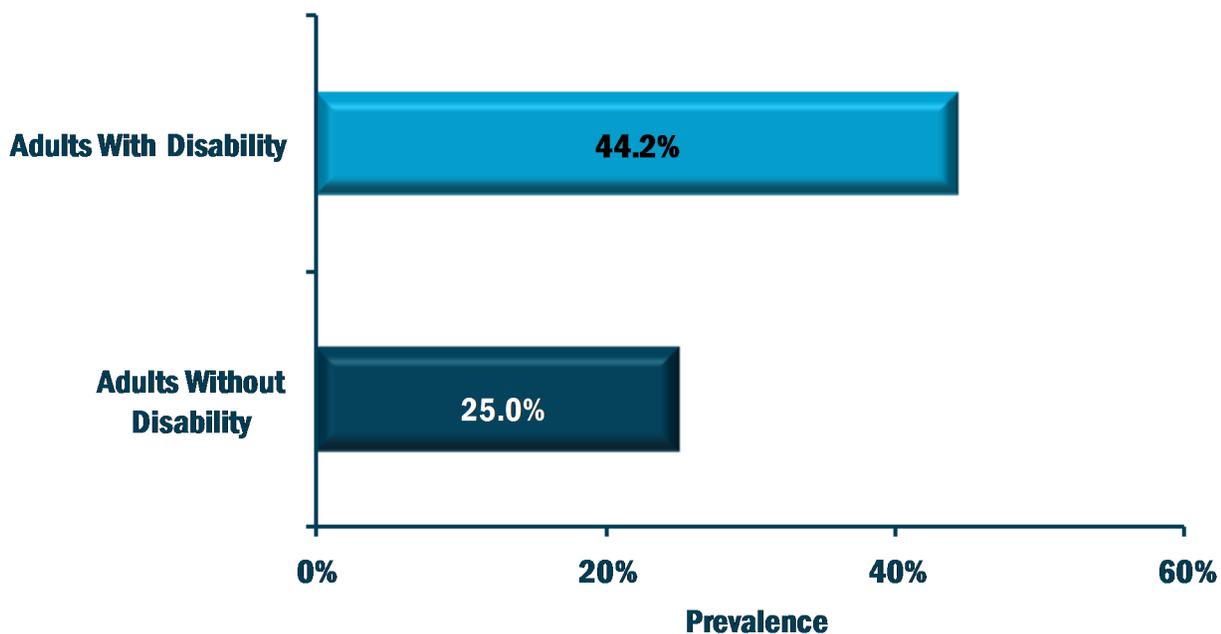


Source: 2011 ILBRFSS

High Blood Cholesterol

High blood cholesterol is more prevalent among those with disability than it is among their counterparts without disability. Of adults who ever checked blood cholesterol, Figure 18 compares the rate of adults who were ever told by a doctor or other health professional they have high blood cholesterol by disability status. The top bar shows the rate is 44.2 percent (95 percent CI: 40.6 percent – 47.9 percent) for adults with disability. The rate for adults without disability, shown in the bottom bar, is 25.0 percent (95 percent CI: 23.2 percent – 26.8 percent).

Figure 18. Percent of Illinois Adults Who Have Been Told They Have High Blood Cholesterol by Disability Status



Source: 2011 ILBRFSS

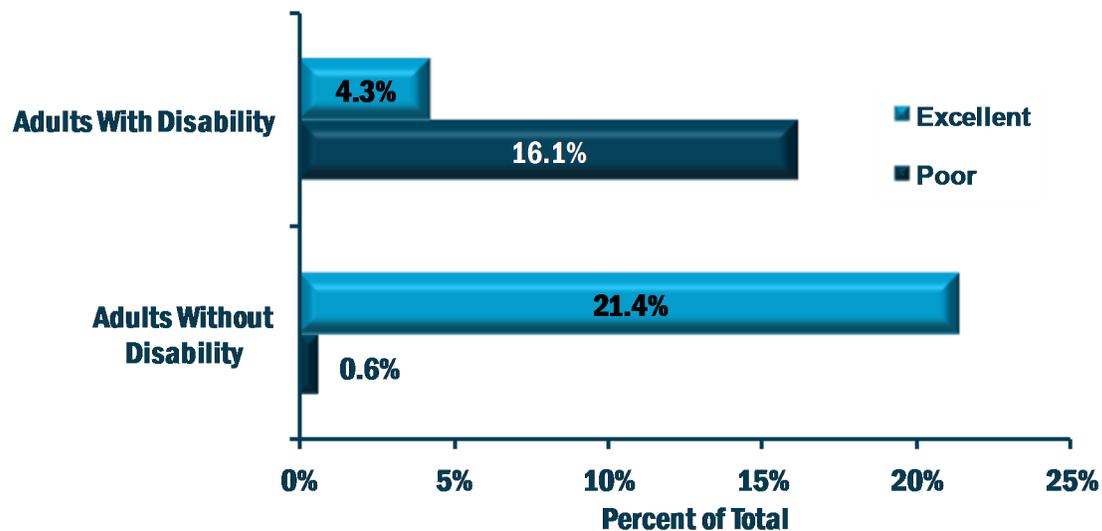
Section IV: Quality of Life Among Persons With Disability



Self-rated Health Status

Those with disability rated their health status less favorably than their counterparts without disability. Figure 19 contrasts how adults with and without disability perceive their health status differently. The two bars at the top of the graph show 4.3 percent (95 percent CI: 3.1 percent – 5.8 percent) of adults with disability rated their health as “excellent” and 16.1 percent (95 percent CI: 13.4 percent – 19.2 percent) rated it as poor. For adults without disability, represented in the two bottom bars, the rate was 21.4 percent (95 percent CI: 19.6 percent – 23.3 percent) and 0.6 percent (95 percent CI: 0.4 percent - 1.1 percent), respectively. Almost 27 times as many adults with disability reported their health as poor compared to those without disability.

Figure 19. Self-rated Health Status Among Illinois Adults by Disability Status

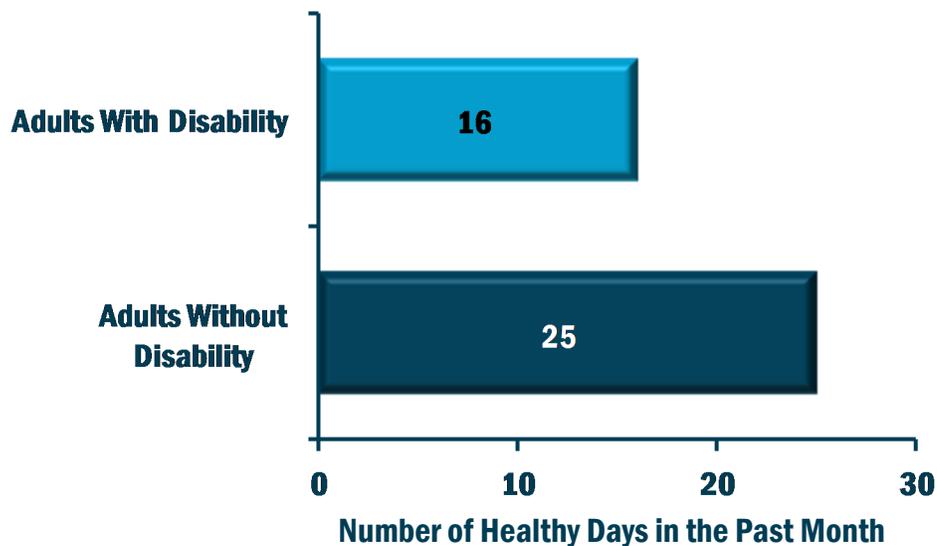


Source: 2011 ILBRFSS

Healthy Days

Adults with disability reported fewer healthy days in a month than those without disability. Figure 20 below shows the average number of healthy days reported by adults with and without disability. The average number of the healthy days reported by adults with disability was 16 days (95 percent CI: 15.1 percent – 16.9 days) in the past 30 days, which is graphically shown by the top bar in the graph. Adults without disability, represented in the bottom bar, reported 25 healthy days (95 percent CI: 24.5 percent – 25.4 days) during the past 30 days.

Figure 20. Self-reported Number of Healthy Days During the Past 30 Days by Disability Status



Source: 2011 ILBRFSS

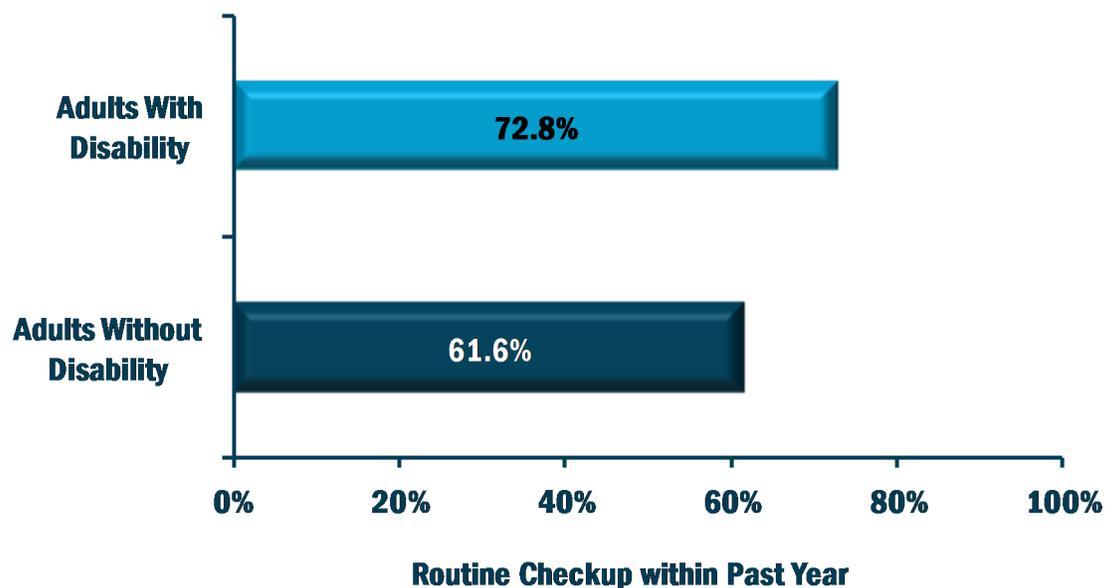
Section V: Access to Health Care and Screenings



Routine Checkup

Adults with disability are more likely to have had a routine physical checkup within the past year than those without disability. Figure 21 below represents the proportion of adults who visited a doctor for a routine checkup or a general physical exam within the past year by disability status. Represented in the top bar, 72.8 percent (95 percent CI: 69.2 percent – 76.1 percent) of adults with disability received a routine physical checkup within the past year. The rate was higher than reported by adults without disability (represented in the bottom bar, 61.6 percent. 95 percent CI: 59.2 percent – 63.9 percent).

Figure 21. Percent of Illinois Adults Who Had Routine Checkup Within Past Year

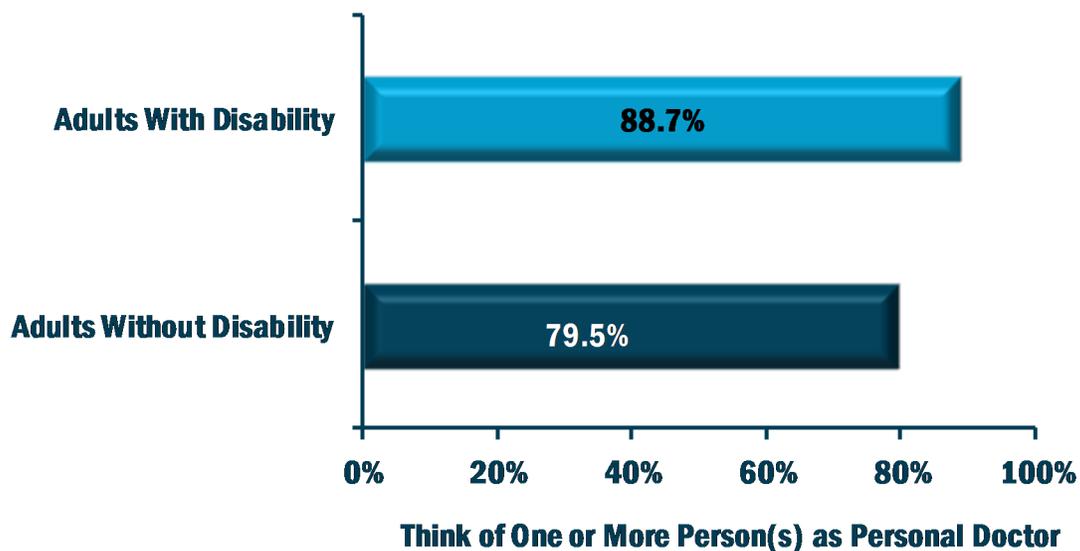


Source: 2011 ILBRFSS

Usual Primary Care Provider

Adults with disability are more likely to have a usual primary care provider than those without disability. Figure 22 below represents the proportion of adults who think of one or more person(s) as their personal doctor or health care provider by disability status. Represented in the top bar, 88.7 percent (95 percent CI: 85.7 percent – 91.1 percent) of adults with disability reported having one or more person(s) whom they think of as their personal doctor or health care provider. The rate is higher than that for adults without disability (79.5 percent (95 percent CI: 77.1 percent – 81.6 percent)).

Figure 22. Percent of Illinois Adults Who Have One or More Person(s) as a Personal Doctor or Health Care Provider

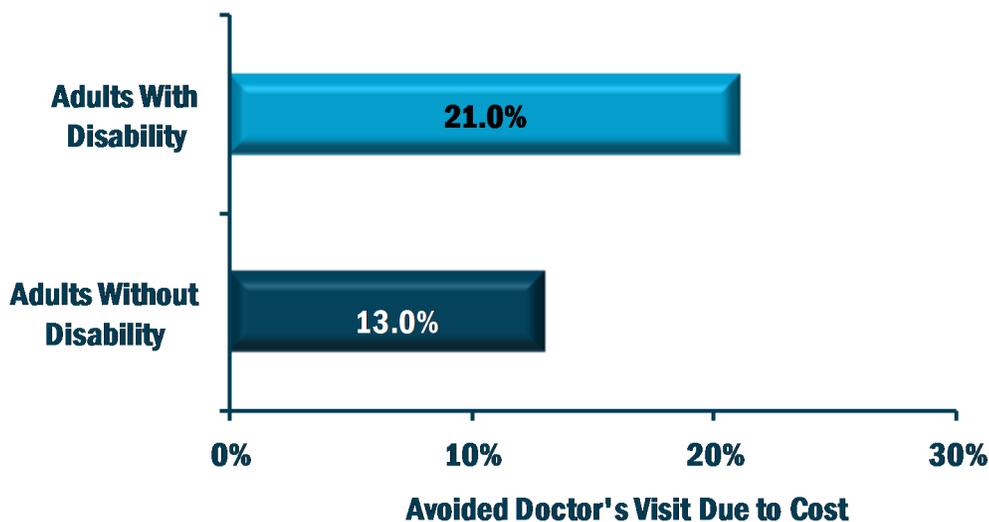


Source: 2011 ILBRFSS

Economic Barrier in Access to Health Care

For those with disability, costs associated with health care appear to hinder their use of such services. Figure 23 compares the proportion of adults who avoided visiting a doctor due to cost by the presence of disability. Represented in the top bar is the rate for adults with disability who avoided doctor visits due to cost. The rate, 21.0 percent (95 percent CI: 17.9 percent – 24.5 percent), is higher compared to 13.0 percent (95 percent CI: 11.3 percent – 14.9 percent) for those without disability shown in the bottom bar.

Figure 23. Percent of Illinois Adults Who Avoided Doctor Visits Due to Cost by Disability Status

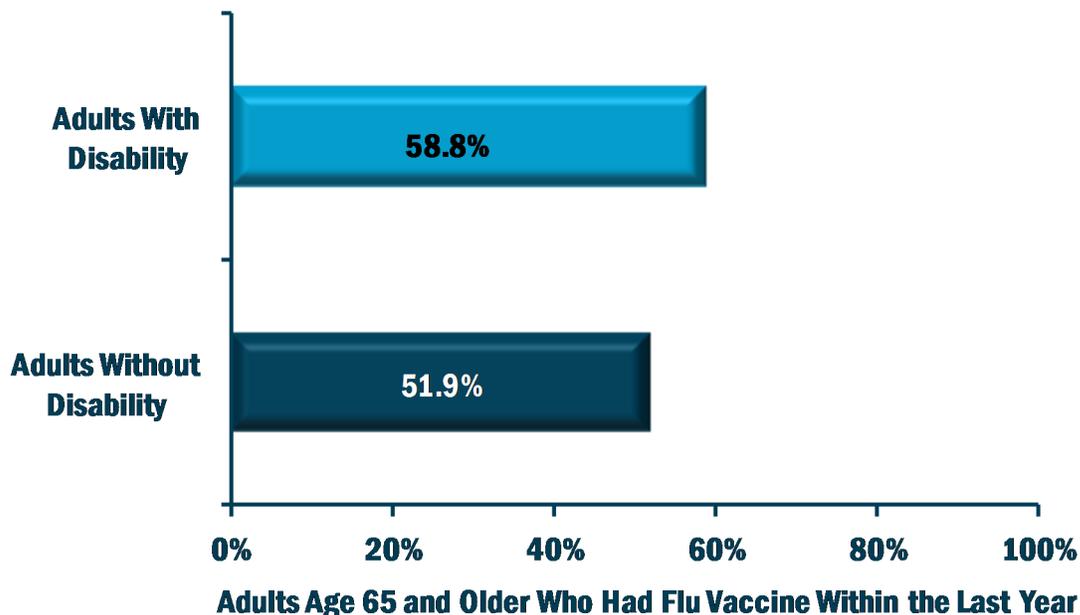


Source: 2011 ILBRFSS

Immunization

In 2011, the proportion of seniors with disability who received immunization against seasonal influenza did not differ from that of those without disability. Figure 24 below represents the proportion of adults with disability, age 65 years old and older, who have received a flu vaccine. The proportion of seniors with disability who received a flu vaccine during the past 12 months, shown in the top bar, was 58.8 percent (95 percent CI: 53.9 percent – 63.6 percent). The rate did not differ significantly from seniors without disability, 51.9 percent (95 percent CI: 47.8 percent – 55.9 percent) shown in the bottom bar.

Figure 24. Percent of Illinois Adults With Disability, Age 65 and Older, Who Received Flu Vaccine within the Last Year



Source: 2011 ILBRFSS

Section VI: Children with Special Health Care Needs

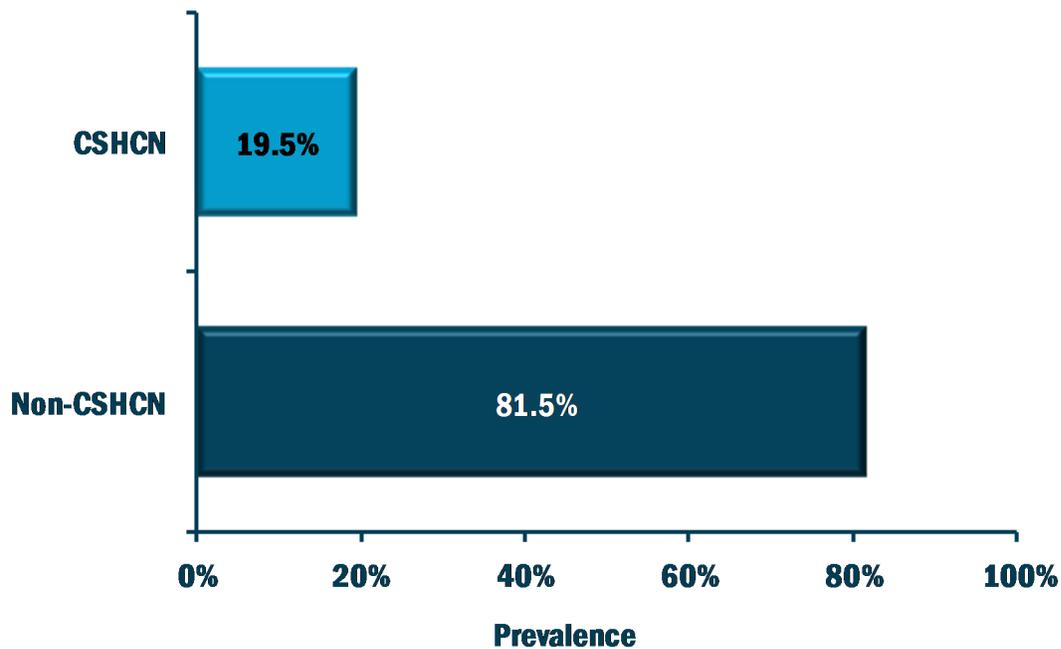


Illinois Children with Special Health Care Needs

One in every five children in the state has a special health care need, which is defined as having or being at a risk for a chronic physical, developmental, behavioral or emotional condition, and requiring more health and related services than other children in general.

Figure 25 below shows the proportion of children with special health care needs (CSHCN). In 2011, 19.5 percent (95 percent CI: 17.2 percent – 22.0 percent) of children, between the ages of 0 to 17, were estimated to have special health care needs in 2011.

Figure 25. Children with Special Health Care Needs in Illinois

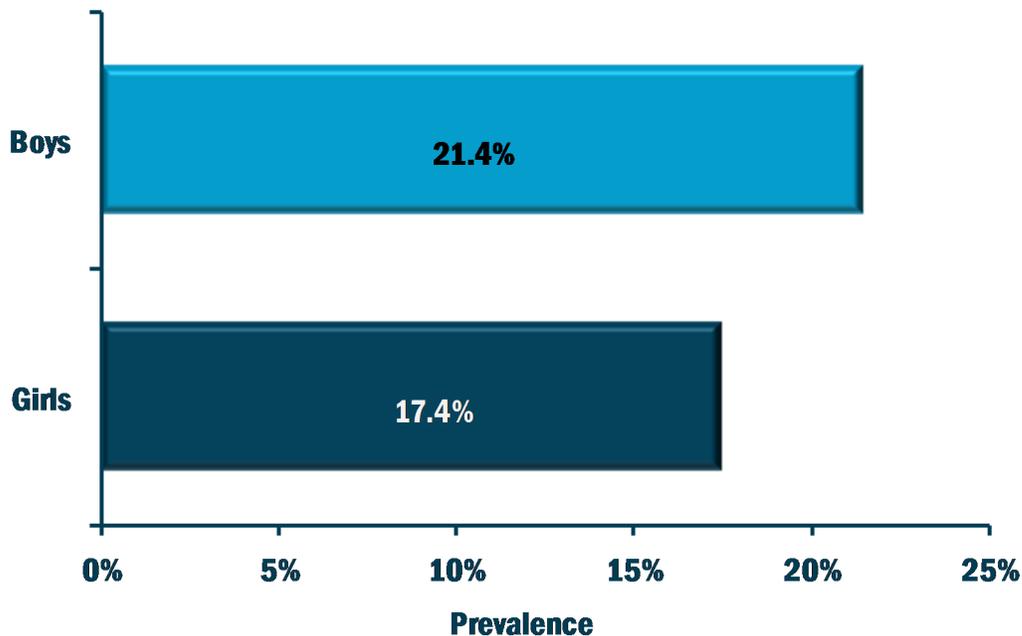


Source: 2011 National Survey of Children's Health (NSCH)

Children with Special Health Care Needs by Gender

Boys are more likely to have special health care needs than girls. Figure 26 below describes the prevalence of children with special health care needs by gender. The top bar in the figure shows the prevalence of special health care needs for boys was 21.4 percent (95 percent CI: 18.2 percent – 25.1 percent). The bottom bar displays the prevalence of special health care needs for girls, which was 17.4 percent (95 percent CI: 14.4 percent – 21.0 percent).

Figure 26. Prevalence of Special Health Care Needs by Gender

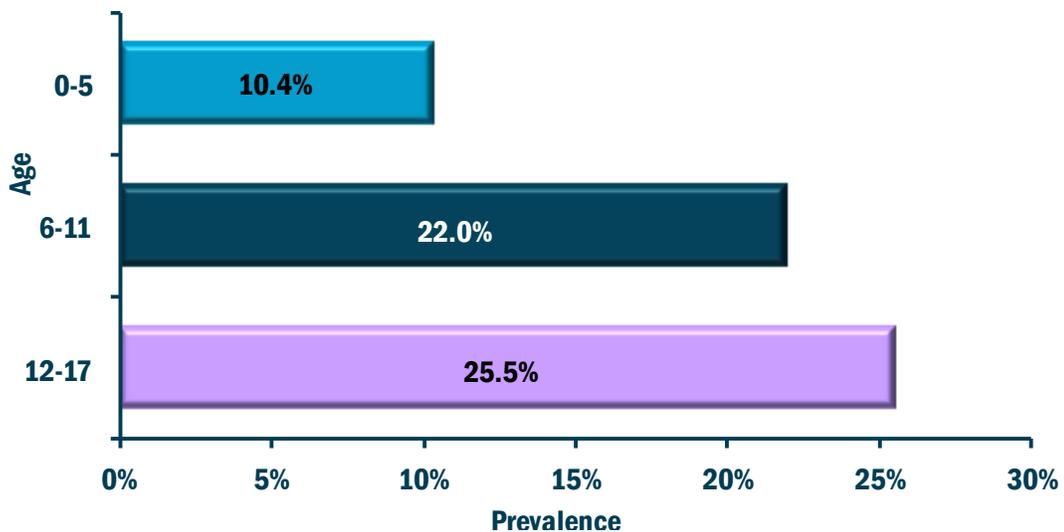


Source: 2011 NSCH

Children with Special Health Care Needs by Age

Older children are more likely to have special health care needs than their younger counterparts. Figure 27 below visually displays how the prevalence of special health care varies across three age groups: ages 0 to 5, 6 to 11 and 12 to 17. The prevalence increases from 10.4 percent (95 percent CI: 7.6 percent – 14.0 percent) for children ages 0 to 5 shown in the top bar, to 22.0 percent (95 percent CI: 18.0 percent – 26.5 percent) for children ages 6 to 11 shown in the middle bar, and to 25.5 percent (95 percent CI: 21.2 percent – 30.4 percent) for those ages 12 to 17 shown in the bottom bar.

Figure 27. Prevalence of Special Health Care Needs by Age

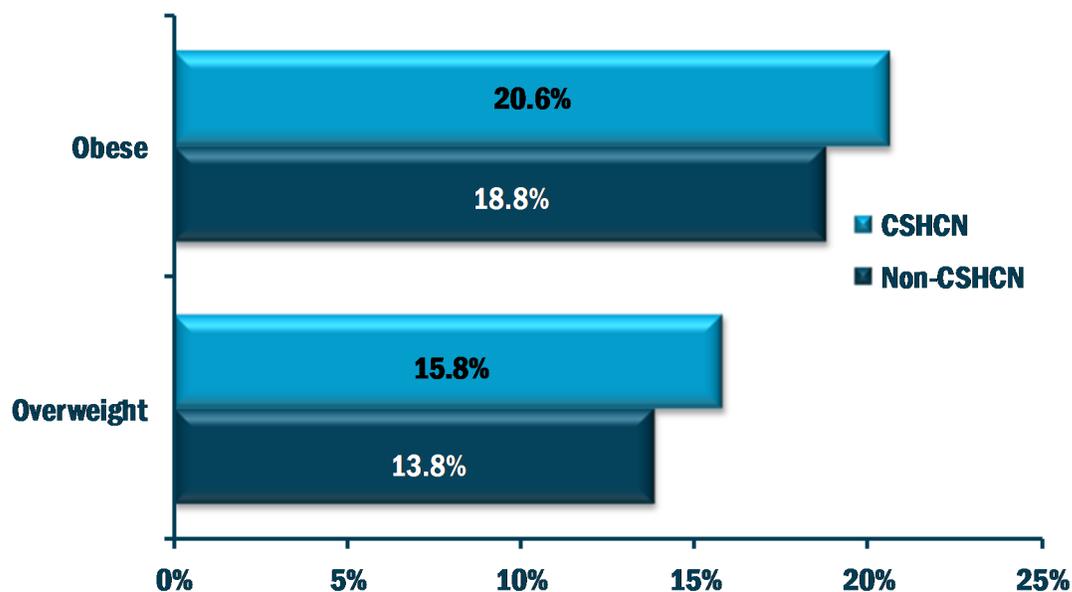


Source: 2011 NSCH

Obesity Among Children with Special Health Care Needs

The rates of obese (BMI \geq 95th percentile for sex and age) children or overweight (BMI \geq 85th percentile and BMI < 95th percentile) children were similar between those with special health care needs and those without special health care needs. Figure 28 shows the prevalence of obese and overweight CSHCN compared to their counterparts without special health care needs. The first pair of bars in the figure below show 20.6 percent (95 percent CI: 14.1 percent – 29.1 percent) of CSHCN were obese compared to 18.8 percent (95 percent CI: 14.8 percent – 23.7 percent) of children without special health care needs. The bottom two bars of the figure show 15.8 percent (95 percent CI: 10.8 percent – 22.7 percent) of CSHCN were overweight compared to 13.8 percent (95 percent CI: 10.5 percent – 18.0 percent) of children without special health care needs.

Figure 28. Obesity Prevalence Among Illinois Children with Special Health Care Needs



Source: 2011 NSCH

Call to Action

Having a disability does not necessarily mean the lack of health or poor health. People with disabilities can benefit from disease prevention and health promotion efforts as much as those without disability. Because people with disabilities are at an increased risk of developing chronic health conditions, practicing disease prevention and health promotion may be more critical in maintaining health and continuing active life in the community.

This report highlights demographic, health and health-related lifestyle characteristics of Illinois non-institutionalized people with disabilities. In addition, this report shows disparities in the rates of obtaining common health screenings between people with and without disabilities. The intent of the Illinois Disability and Health Program is to provide a clearer understanding of the health status of people with disability in the state and their access to health screenings or preventive services. Understanding the extent of disability and the life circumstances facing Illinois citizens with disability are critical steps to planning effective health promotion and prevention strategies for this large, but under-studied sub-population in the state.

Reducing barriers and expanding access to various health services and health promotion programs in the community is a critical and urgent issue in supporting the independence of people with disabilities. Traditionally, community health services have not been developed with their needs in mind. Thus, people with disabilities who want to utilize these services often experience access barriers, including inaccessible medical facilities and medical equipment, lack of service providers trained to work with people with disabilities, lack of or inadequate public policies/services addressing access and health care needs, and lack of information sharing among agencies and health providers about disability issues and available resources. These barriers often hinder people with disabilities from accessing health services and contribute negatively to health disparities between people with and without disabilities.

Findings from this and the previous reports suggest people with disabilities will continue to comprise a major portion of the population base in Illinois and state and local



policymakers need to prepare for a growing population that will require services to remain integrated in their communities. Monitoring and tracking this growing population at the state level will become more critical for future development and implementation of policies and programs that meet the unique needs of state residents with disabilities. The Illinois Disability and Health Program, with funding from the U.S. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, will continue its efforts to monitor the health of Illinoisans with disability and report its findings to various stakeholders interested in promoting the health and wellness of citizens with disability.

Readers are encouraged to develop and refine health promotion programs in their local communities so that they are more inclusive for people with disabilities, and work together to improve the quality of life for those with and without disability throughout the state.

To learn more about the Disability and Health Data Report, the Illinois Disability and Health Program, how to become involved, or to receive the report in an alternate format, contact the Illinois Department of Public Health, Disability and Health Program, at 217-782-3300, TTY 800-547-0466.